

DERMATOLOGY.

UNDER THE CHARGE OF

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The Treatment of Eczema.—W. ALLEN JAMIESON (*Edinburgh Med. Jour.*, March, 1906) speaks first of many different causes that may give rise to eczema, and emphasizes the fact, admitted by practically all observers, that there is no specific for this disease. He regards arsenic as "of little or no use in the treatment; in acute cases it tends to aggravate; in chronic it rarely, if ever, benefits. The disease occurs independently of either gout or rheumatism, and has no necessary connection with these diseases." Contrary to the observation of most of the best clinicians in the United States, Jamieson holds that in the treatment we must rely chiefly on external means, and these are consequently considered at length. The points to be constantly kept in mind are (1) cleanse; (2) soothe; (3) cautiously stimulate. As the field is large, the author confines himself to a few of the common local forms, as eczema of the leg, scalp, and palms. The cold starch poultice, spread out in a layer one inch thick, but separated from the skin by a layer of muslin, and both covered by any impervious material, is well spoken of for eczema of the leg, and also of the palms. It should be renewed four times in twenty-four hours, and not allowed to become dry and hard. All crusts are to be removed before applying. Afterward diachylon ointment or Startin's ointment, composed of ammoniated mercury and black sulphide of mercury each gr. x, precipitated sulphur gr. xxx, camphor gr. iv, may be used.

An ointment of oxidized pyrogalllic acid and salicylic acid, of each gr. x, lanolin 3j, vaselin 3ij is also recommended, well rubbed into the skin twice daily. At first this blackens the entire surface, but as healing, takes place only the still diseased portions become discolored. Jamieson cautions against the use of oxide of zinc ointment. If used it should be freshly prepared, and he advises making it with cold cream ointment and gives the following formula: lanolin and white wax each 3ss, almond oil and distilled water each 3ss. With this zinc oxide, bismuth oxide, or prepared chalk may be incorporated in proportions to suit the case.

Dermatitis Venenata.—E. S. MCKEE (*Lancet-Clinic*, January 6, 1906) gives his experience in two cases, both occurring upon his own person, and speaks in particular of the treatment, the attacks being severe and long. The most useful remedy was a lotion of dilute alcohol together with a saturated solution of acetate of lead, which would give relief for six or eight hours. Bathing in the hot lake at Mammoth Hot

Springs, Yellowstone Park, on one occasion, gave complete and permanent relief. These waters are impregnated with silicate of magnesium. Many of the well-known remedies, as phenol, in different strengths, gave temporary relief, but are not to be compared with the efficacy of dilute alcohol, especially if used early in the attack, and with dilute alcohol and acetate of lead. The nervous symptoms, entirely apart from the local itching and burning, were distressing and long continued in one attack.

Two Cases of Erythema Multiforme Desquamativum.—PHILIP KING BROWN (*Boston Med. and Surg. Jour.*, February 1, 1906) gives the notes of two interesting cases under the above caption, the general symptoms being marked in each, especially heart involvement. In both, there was a history of recurrent endocarditis. Both boys had abdominal pain and vague rheumatic histories. The cases were peculiar in that there occurred desquamation similar to that of scarlet fever, and in one case, purpuric lesions. The general symptoms were varied and numerous; these are all referred to by the author, and constitute the chief interest of the paper.

Eruptions Produced by the Bromides and Iodides.—ARTHUR HALL (*Edinburgh Med. Jour.*, May, 1906) discusses the varieties of cutaneous disease caused by these drugs. He prefers employing Unna's terms of "iododerma" and "bromoderma" (rather than "acne") to express the eruptions, with the adjectives erythematosum, purpuricum, pustulosum, tuberosum, as required. The more severe forms due to iodides usually occur in persons suffering from diseases of the kidney, either alone and primary, or secondary to, or complicated by, heart disease, a defective power of elimination probably being the predisposing cause. In the case of bromides, the more severe forms of eruption occur chiefly in young children or infants whose eliminative powers are not manifestly diminished. Both the severe iodide and bromide eruptions may follow extremely small doses of the drug, administered for extremely brief periods; and, secondly, they continue to develop and get worse after the use of the drug has been entirely discontinued. They then remain severe for some time and very slowly disappear. The practical point in the paper (which is made interesting by illustrative cases) is the risk of giving iodide in any form, or any dose, to patients with diseased kidneys, or of giving bromide, in however small doses, to infants for long periods.

The Pathology and Therapeutics of Mycosis Fungoides.—VON ZUM-BUSCH (*Archiv f. Dermatologie und Syphilis*, Band lxxviii, Hefte 2 und 3), who has studied five cases of mycosis fungoides, observed in Riehl's clinic, regards this disease as akin, in a certain degree, to leukemia and pseudoleukemia, especially on account of the blood changes observed in it; these blood changes are, however, not the same as those seen in these two affections. They appear only during the course of the disease, being absent in the early stages. Mycosis fungoides may resemble sarcoma, and in this case blood changes may be entirely wanting. One is not justified in identifying it with leukemia or pseudoleukemia, and it belongs just as little to sarcoma. It is to be regarded as an independent disease, for its course and the clinical picture it pre-